

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: LEISTUNGSENDSTUFE FUR  
KAPAZITIVE LASTEN  
Attorney Docket Number:: 4001-1167  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: GEORG  
Middle Name::  
Family Name:: BACHMAIER  
City of Residence:: MUNCHEN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: THIERSCHSTR. 40

City of Mailing Address:: MUNCHEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 80538

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: BERNHARD  
Middle Name::  
Family Name:: FISCHER  
City of Residence:: TOGING A. INN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: PARACELSUSSTR. 6

City of Mailing Address:: TOGING A. INN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 84513

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: BERNHARD  
Middle Name::  
Family Name:: GOTTLIEB  
City of Residence:: MUNCHEN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: ELFENSTR. 16

City of Mailing Address:: MUNCHEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 81739

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: ANDREAS  
Middle Name::  
Family Name:: KAPPEL  
City of Residence:: BRUNNTHAL  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: ZUGSPITZSTR. 7

City of Mailing Address:: BRUNNTHAL  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 85649

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: HANS  
Middle Name::  
Family Name:: MEIXNER  
City of Residence:: HAAR  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: MAX-PLANCK-STR. 5

City of Mailing Address:: HAAR  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 85540

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: TIM  
Middle Name::  
Family Name:: SCHWEBEL  
City of Residence:: AUGSBURG  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: KITZENMARKT 24

City of Mailing Address:: AUGSBURG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 86150

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: CHRISTIAN  
Middle Name::  
Family Name:: TUMP  
City of Residence:: MUNCHEN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: DREIMUHLENSTR. 33

City of Mailing Address:: MUNCHEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 80469

#### **Correspondence Information**

Correspondence Customer 000466  
Number::

#### **Representative Information**

Representative Customer	000466
Number::	

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::